

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2006 OF THE CONDITION AND AFFAIRS OF THE

	Н		ce Plan of Mic	higan		
·	311 131 ² nt Period) (Prior Pe	NAIC Com			D Number	38-2242827
Organized under the Laws or	,	ichigan	. State of Do	micile or Port of Entry	Mi	chigan
Country of Domicile			United State	· .		
Licensed as business type:	Life, Accident & Health	[] Prop	erty/Casualty []	Dental Service Corpor	ation []	
	Vision Service Corpora		, , , , ,	Health Maintenance C		1
	Hospital, Medical & De			Is HMO, Federally Qu		-
l	, ,		,		•	
Incorporated/Organized	06/27/19	78	Commenced Busi	ness	02/08/1979	<u> </u>
Statutory Home Office		et and Number)			oit, MI 48202 vn, State and Zip Co	ide)
Main Administrative Office	(0	oct and manipoly	2050 West Co	, .	, otato ana 2.p oo	
Main Administrative Office			2850 West Gra (Street and	d Number)		
	etroit, MI 48202 Fown, State and Zip Code)	_	_	313-872-81 (Area Code) (Telephor		
Mail Address	2850 West Grand B		,		ЛІ 48202	
	(Street and Number or F	P.O. Box)			ate and Zip Code)	
Primary Location of Books an	d Records		2850	West Grand Boulevard (Street and Number)		_
	etroit, MI 48202 Fown, State and Zip Code)			248-443-10		
Internet Website Address	rown, state and Zip Code)		www.hap.	(Area Code) (Telephor	ie inumber)	
Statutory Statement Contact	Diam	a Ronan CPA	www.nap.		443-1093	
		(Name)		(Area Code) (Telep	hone Number) (Exte	nsion)
	onan@hap.org (E-mail Address)			248-443-86 (FAX Numbe		
Policyowner Relations Contac	et .		2850 West Gr	and Boulevard		
•		Street and Number)	2000 West Gr			
	etroit, MI 48202 Fown, State and Zip Code)			313-872-81 (Area Code) (Telephone Nui		
		_				
Nama		_	FICERS	Name		T:41-
Name Francine Parker	, Presid	Title ent and CEO		E. McMurray ,		Title cretary
Ronald W. Berry		reasurer		n McClorey ,		nt Secretary
		OTHER	OFFICERS			
		DIRECTORS	OR TRUSTE	ES		
Nicholas C Anderson		ld W Boggs	Mary Bet	h Bolton M D		E Bunn #
Herman W Coleman John T Gargaro		A Conway M D nro Joseph		H DePaulis Martin #		Dickson ne Parker
William L Peirce	Carol	Quigley IHM	Catherin	e A Roberts	Robin Sc	ales-Wooten
Nancy Schlicting	Gera	ald K Smith	Rebecca	R Smith M D	Susar	Wells #
State of	Michigan					
County of	Wayne	SS 				
The officers of this reporting entity above, all of the herein described this statement, together with relate of the condition and affairs of the completed in accordance with the that state rules or regulations requirespectively. Furthermore, the scoexact copy (except for formatting of the enclosed statement.	assets were the absolute pred exhibits, schedules and e said reporting entity as of the NAIC Annual Statement Insuire differences in reporting upper of this attestation by the	operty of the said repo xplanations therein co he reporting period sta tructions and Accounti not related to accounting described officers also	orting entity, free and cle ntained, annexed or refe ted above, and of its inc ng Practices and Proceon ng practices and proced to includes the related co	ar from any liens or claims to erred to is a full and true state ome and deductions thereful dures manual except to the courses, according to the best corresponding electronic filing	hereon, except as tement of all the a tom for the period extent that: (1) sta of their information with the NAIC, w	s herein stated, and that assets and liabilities and I ended, and have been the law may differ; or, (2) 1, knowledge and belief, then required, that is an
Francine Pa			Maurice E McMurray Ronald W B Secretary Treasure			
				a. Is this an original fil	ing?	Yes [X] No []
Subscribed and sworn to be	fore me this			b. If no, 1. State the amenda	· ·	•
day of _	1			State the amenda Date filed	nent number	
Roderick Irwin Curry				3. Number of pages	attached	
Notary August 14 2013						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers: Federal Employees Health Benefit Program State of Michigan						
Federal Employees Health Benefit Program	5,010,474	1,038,975				6,049,449
State of Michigan	2,024,702					2,024,702
						•
						•
				·····		†
			•			
0299997 Group subscriber subtotal	7 , 035 , 176	1,038,975	0	0	0	8,074,151
0299998 Premiums due and unpaid not individually listed	10,092,545	1,122,337				11,214,883
0299999 Total group	17 , 127 , 722	2, 161, 312	0	0	0	19,289,034
0399999 Premiums due and unpaid from Medicare entities						ļ
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	17, 127, 722	2,161,312	0	0	0	19,289,034

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1		2								
Name of Debtor	1 - 30 Days	3 31 - 60 Days	61 00 Days		Nonadmitted	7 Admitted				
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	ivoriadmitted	Admitted				
ndividually Listed Receivables:	0.444.000					0.444.00				
Individually Listed Receivables: lerck & Co Slaxo SmithKline										
18XO SIII (IIN I I IIE.						304, 12				
U19998 - Aggregate of amounts not individually fisted above.	1,049,372					1,049,37				
U199999 - 101a1s - Pharmaceutical repate receivables	5,028,495	828,923				5,028,49				
IFFS BI -COUNTY						828,92				
0499999 - Totals - Capitation Arrangement Receivables St John Healthcare System.	454 470	828,923				828,92				
st John Healthcare System.	151,472	0								
0599998 - Aggregate of amounts not individually listed above. 0599999 - Totals - Risk sharing Receivables										
0599999 - Totals - Risk sharing Receivables	213,728	0				213,72				
										
				···	†					
					†					
	···				†	<u> </u>				
	··· †			··	†	<u> </u>				
	1									
0799999 Gross health care receivables	5,242,223	828,923				6,071,14				

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ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Health Alliance Plan of Michigan

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid C	Claims	-	-	-	-
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						†
						†
						†
						†
						†
						†
0199999 Individually listed claims unpaid	0	0	0	0	<u>0</u>	0
0299999 Aggregate accounts not individually listed-uncovered	1,097,694	75,886	112,769	62	1	1,286,412 13,915,115
0399999 Aggregate accounts not individually listed-covered	13,620,207	273,619	18,042	3,105	142	13,915,115
0499999 Subtotals	14,717,901	349,505	130,811	3,167	143	15,201,527
0599999 Unreported claims and other claim reserves						58,595,155
0699999 Total amounts withheld						24,114,575
0799999 Total claims unpaid						97,911,257
0899999 Accrued medical incentive pool and honus amounts						2 152 020

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

EXHIBIT O - AMOUNTO DOET INOMIT ARENT, CODOIDIARILO AND ALTIELATEO												
1	2	3	4	5	6	Admi	tted					
						7	8					
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current					
Individually Listed Receivables: Alliance Health and Life Insurance CompaPreferred Health Plan	•	-										
Alliance Health and Life Insurance Compa	832,247					832,247						
Preferred Health Plan	343,498					343,498						
CuraNet LLC						80,874						
	, , , ,					, , , ,						
			†	†	†							
												
												
				+	†							
												
				1								
0199999 Individually listed receivables	1,256,619	0	0	0	0	1,256,619	C					
0299999 Receivables not individually listed			1	1		. ,						
0399999 Total gross amounts receivable	1,256,619	0	0	0	0	1,256,619	0					

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

		2	4	Г
		3	4	5
Affiliate	Description	Amount	Current	Non-Current
Alliance Health and Life Insurance Compa	Management fees and reimbursements.	313,854	313,854	
Alliance Health and Life Insurance Compa. Henry Ford Health SystemPreferred Health Plan	Management fees and reimbursements. Payroll reimbs and corp allocations. Health Choice Plan for HFHS.	174, 175	174, 175	
Preferred Health Plan	Health Choice Plan for HEHS	118,527	118,527	
		000 550	000 550	
0199999 Individually listed payables		606,556	606,556	ΩΩ
0299999 Payables not individually listed				
0399999 Total gross payables		606,556	606,556	0

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
	Direct Medical	Column 1	Total	Column 3	Column 1	Column 1
	Expense	as a % of	Members	as a % of	Expenses Paid to	Expenses Paid to
Payment Method	Payment	Total Payments	Covered	Total Members	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	908 , 055 , 477	63.6	3,935,984	913.5	773,621,414	134,434,063
2. Intermediaries	0	0.0		0.0		
3. All other providers		0.3	1,332,087	309.2	377 , 787	3,381,315
4. Total capitation payments	911,814,579	63.9	5,268,071	1,222.7	773,999,201	137,815,378
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX	,	
6. Contractual fee payments	179,025,203	12.5	XXX	XXX	138,920,482	40, 104, 721
7. Bonus/withhold arrangements - fee-for-service		9.6	XXX	XXX	53,032,903	84,304,274
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	199,668,287	14.0	xxx	XXX	154,939,161	44,729,126
12. Total other payments	516,030,667	36.1	XXX	XXX	346,892,546	169, 138, 121
13. Total (Line 4 plus Line 12)	1,427,845,246	100 %	XXX	XXX	1,120,891,747	306,953,499

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	5 Intermediary's	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	7 ,793 ,243		6,048,464	1,744,779	1,744,779	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	7,793,243	0	6,048,464	1,744,779	1,744,779	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) 2. Detroit Michigan

REPORT FOR: 1. CORPORATION

NAME OF THE STATE	05.4"					4.5.000		J		(LOCA	TION)		0=0.44
IAIC Group Code 1311 BUSINESS IN THE STATE	OF Michigan	Compre	ehensive	<u> </u>	DURING THE YE.	AR 2006	T				NAIC Compai	ny Code I	95844
	1		& Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	449,656	5,176	377 ,538	23,741			26 , 199	17,002					
2 First Quarter	443,766	4,887	372,201	21,779			26,216	18,683					
3 Second Quarter	440,932	4,653	369,058	21,466			26,257	19 , 498					
4. Third Quarter	436 , 444	4,671	364,593	20 , 173			26 , 188	20,819					
5. Current Year	430,864	4,469	359,146	20,203			26,332	20,714					
6 Current Year Member Months	5,268,071	56,794	4,407,113	254,303			315,066	234,795					
Total Member Ambulatory Encounters for Year:													
7. Physician	1,619,567												1,619,567
8. Non-Physician	816,310												816,310
9. Total	2,435,877	0	0	0	0	0	0	0	0	0	0	0	2,435,877
10. Hospital Patient Days Incurred	168,301		90,466	43,961				33,069					808
11. Number of Inpatient Admissions	41,471		24,700	7 ,477				9,148					146
12. Health Premiums Written	1,598,583,092	15,634,368	1,175,293,570	107,097,591			92,396,687	208 , 160 , 876					
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned		15,849,280	1,165,235,020	107,097,591			90 , 897 , 090	208 , 160 , 876					
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	1,427,845,246	14,162,272	1,041,206,640	93,045,550			90 , 772 , 447	188,658,337					
18. Amount Incurred for Provision of Health Care Services	1,444,264,594	14,351,389	1,055,110,482	92,955,845			90,778,924	191,067,954					

(a) For health business: number of persons insured under PPO managed care products _____and number of persons under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) **REPORT FOR: 1. CORPORATION**

NAIC Group Code 1311 BUSINESS IN THE STATE OF	Consolidated			[OURING THE YE	AR 2006				(LOCA	TION) NAIC Compar	ny Code	95844
	1	(Hospital		4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	449,656	5,176	377 ,538	23,741	0	0	26,199	17,002	0	0	0	0	0
2 First Quarter	443,766	4,887	372,201	21,779	0	0	26,216	18,683	0	0	0	0	0
3 Second Quarter	440,932	4,653	369,058	21,466	0	0	26,257	19,498	0	0	0	0	0
4. Third Quarter	436 , 444	4,671	364,593	20 , 173	0	0	26 , 188	20,819	0	0	0	0	0
5. Current Year	430,864	4,469	359,146	20,203	0	0	26,332	20,714	0	0	0	0	0
6 Current Year Member Months	5,268,071	56,794	4,407,113	254,303	0	0	315,066	234,795	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	1,619,567	0	0	0	0	0	0	0	0	0	0	0	1,619,567
8. Non-Physician	816,310	0	0	0	0	0	0	0	0	0	0	0	816,310
9. Total	2,435,877	0	0	0	0	0	0	0	0	0	0	0	2,435,877
10. Hospital Patient Days Incurred	168,301	0	90,466	43,961	0	0	0	33,069	0	0	0	0	805
11. Number of Inpatient Admissions	41,471	0	24,700	7,477	0	0	0	9,148	0	0	0	0	146
12. Health Premiums Written	1,598,583,092	15,634,368	1,175,293,570	107,097,591	0	0	92,396,687	208,160,876	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,587,239,857	15,849,280	1,165,235,020	107,097,591	0	0	90 , 897 , 090	208,160,876	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,427,845,246	14,162,272	1,041,206,640	93,045,550	0	0	90 , 772 , 447	188,658,337	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,444,264,594	14,351,389	1,055,110,482	92,955,845	0	0	90,778,924	191,067,954	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31, prior year	3,410,393
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(822,606)
	2.1 Totals, Part 1, Column 11 2.2 Totals, Part 3, Column 7	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	207 , 587
	4.1 Totals, Part 1, Column 14. 4.2 Totals, Part 3, Column 9 Total profit (loss) on sales, Part 3, Column 14.	0
5.	Total profit (loss) on sales, Part 3, Column 14	0
	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	2,795,374
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	2,795,374
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	883,493

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interes in morphage and described in the control of the contro
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	
12.	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	59 , 351 , 008
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	0
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	3 ,828 ,432
5.	Total profit (loss) on sale	6 , 619
6.	Amounts paid on account or in full during the year	129 , 407
7.	Amounts paid on account or in full during the year Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	63 , 056 , 652
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	63 , 056 , 652
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).	63 , 056 , 652

SCHEDULE D - PART 1A - SECTION 1

	1	2	ty Distribution of All B	A December	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less		Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	5 Over 20 Years	Total Current Year	7 Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments, Schedules D &		0.100.0	10 10010	oug 20 . ou.o	0.10. 20 100.0	Total Gallone Total	70 01 20 10	1 1101 1 001	1 1101 1 001		(4)
1.1 Class 1	13,000,000					13,000,000	30.6	13,000,000	100.0	13,000,000	
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	13.000.000	0	0	0	0	13,000,000	30.6	13,000,000	100.0	13,000,000	(
2. All Other Governments, Schedules			Ů	· ·	Ů	10,000,000	00.0	10,000,000	10010	10,000,000	
2.1 Class 1	2 G 27 (C C C C P 2)					0	0.0	0	0.0		
2.2 Class 2						0	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States, Territories and Possessions				· ·	Ů	Ů	0.0	v	010		Ĭ
3.1 Class 1	, , , , , , , , , , , , , , , , , , , ,	1	<i>y</i>			0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Te	,	· ·	edules D & DA (Group	4)	Ŭ		0.0	Ü	0.0		Ĭ
4.1 Class 1	Thomas and Foodbook		<u> </u>	 /		0	0.0	0	0.0		
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3						0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
5. Special Revenue & Special Assessi			edules D & DA (Group		ď		0.0		0.0	0	
5.1 Class 1	Obligations cto.,	54414111554, 561		- 1		0	0.0	n	0.0		
5.2 Class 2						0	0.0	0	0.0		
5.3 Class 3		<u> </u>				0	0.0	0	0.0		†
5.4 Class 4				• • • • • • • • • • • • • • • • • • • •		n 1	0.0	n l	0.0		
5.5 Class 5						0	0.0	0	0.0		<u> </u>
5.6 Class 6						0	0.0	0	0.0		†
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	Λ	(

SCHEDULE D - PART 1A - SECTION 1 (continued)

		Quality and Maturi	ty Distribution of All Be	onds Owned Decembe	er 31, at Book/Adjuste	d Carrying Values by N	Major Types of Issues a	and NAIC Designations	S		
	1	2	3	4	5	6	7	8	9	10	11
O JEG BUGGO AND NAME DAVIS OF	4.7/	Over 1 Year Through	Over 5 Years Through	Over 10 Years	0 00)/	T-1-1011/	Col. 6 as a	Total from Col. 6	% From Col. 7		Total Privately Placed
Quality Rating per the NAIC Designation 6. Public Utilities (Unaffiliated), School		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
	Tuies D & DA (Group t	0)				0	0.0	0	0.0		
6.1 Class 1						J	0.0 0.0		0.0		
6.2 Class 2						U					
6.3 Class 3						U	0.0		0.0		
6.4 Class 4						J	0.0 0.0				
6.5 Class 5						U	0.0		0.0		
6.6 Class 6		0	0	0	0	0		0		0	
6.7 Totals	0	0	U	0	0	Ü	0.0	U	0.0	U	· ·
7. Industrial & Miscellaneous (Unaffili						00 400 440	00.4	2	0.0	00 400 440	
7.1 Class 1	29,460,410					29,460,410	69.4	0	0.0	29 , 460 , 410	
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	29,460,410	0	0	0	0	29,460,410	69.4	0	0.0	29,460,410	(
8. Credit Tenant Loans, Schedules D	& DA (Group 8)										
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	roup 9)									
9.1 Class 1		I				0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5.						0	0.0	0	0.0		
9.6 Class 6					•	0	0.0	0	0.0	•	
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations												
Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Place (a)	
10. Total Bonds Current Year	1 Teal of Less	J Teals	10 Tears	Tillough 20 Teals	Over 20 Tears	Total Culterit Teal	70 OI LINE 10.7	T HOL TEAL	T HOL Teal	Haded	(a)	
10.1 Class 1	42.460.410	Λ.	0	0	0	42.460.410	100.0	XXX	XXX	42.460.410		
10.1 Class 1	42,400,410	u			0 n	42,400,410	0.0	XXX	XXX	42,400,410 n		
10.2 Class 2		u			0 n		0.0	XXX	XXX	1		
10.5 Class 3		u			0		0.0	XXX	XXX			
10.4 Class 4		U			U	(c) 0	0.0	XXX	XXX	J		
10.5 Class 5						(c) 0	0.0	XXX	XXX			
10.0 Class 6	42,460,410	0	0	0	0	(b)42,460,410	100.0	XXX	XXX	42,460,410		
10.7 Totals	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0		
	100.0	0.0	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	0.0	
11. Total Bonds Prior Year	13,000,000	Λ	۸	0	0	XXX	XXX	13,000,000	100.0	13,000,000		
11.1 Class 1		U	0		U	XXX	XXX	13,000,000	0.0	13,000,000		
11.2 Class 2		U	U			XXX	XXX	U	0.0			
11.3 Class 3		U	U			XXX	XXX	U	0.0	0		
11.4 Class 4		U	U		U	XXX	XXX	(c) 0	0.0	U		
11.6 Class 6		u			0	XXX	XXX	(c) 0	0.0			
11.6 Class 6	12 000 000	0	0	0	0	XXX	XXX	(b) 12 000 000	100.0	12 000 000		
11.7 Totals	13,000,000	0.0	0.0	U 0.0	0.0	XXX	XXX	(b)13,000,000 100.0	XXX	13 , 000 , 000 100 . 0		
	100.0	0.0	0.0	0.0	0.0	۸۸۸	۸۸۸	100.0	۸۸۸	100.0	0.0	
12. Total Publicly Traded Bonds	40, 400, 440	ı				40, 400, 440	100.0	12 000 000	100.0	40, 400, 440	XXX	
12.1 Class 1	42,460,410					42,460,410	100.0	13,000,000		42,460,410	XXX	
12.2 Class 2						J	0.0	U	0.0		XXX	
12.3 Class 3						U	0.0	U	0.0		XXX	
12.4 Class 4		•••••				U	0.0		0.0		XXX	
						U	0.0		0.0	0	XXX	
12.6 Class 6	42.460.410	0	۸	0	0	42,460,410	100.0	13,000,000	100.0	42,460,410		
12.7 Totals	42,400,410	0.0	0.0	0 0.0	0.0	100.0	XXX	XXX	XXX	42,460,410		
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0		0.0	100.0	ΛΛΛ	Αλλ	ΛΛΛ	100.0	ΛΛΛ	
12.9 Line 12.7 as a % of Line 10.7,	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX	
Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	۸۸۸	
13. Total Privately Placed Bonds		I				0	0.0	0	0.0	vvv		
13.1 Class 1						U	0.0	U	0.0	XXXXXX		
13.2 Class 2						U	0.0	U	0.0	XXX		
13.3 Class 3							0.0	U	0.0			
13.4 Class 4						U	0.0	U	0.0			
13.5 Class 5						U	0.0	U	0.0			
13.6 Class 6	^	^	^	^	^	0	0.0	0	0.0			
13.7 Totals	0 0.0	0.0	0.0	0 0.0	0.0	0.0	XXX	XXX	XXX	XXX XXX	0.0	
13.8 Line 13.7 as a % of Col. 6	0.0	J			J	U.U	λλλ	λλλ	λλλ	λλλ		
13.9 Line 13.7 as a % of Line 10.7,	^ ^	^ ^	0.0	0.0		0.0	VVV	VVV	VVV	VVV	0	
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.	

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

		SCHED	ULE D -	PART 1A	- SECTI	ON 2					
	Maturity Distribu	tion of All Bonds C	wned December 31,	at Book/Adjusted C	arrying Values by M	ajor Type and Subt	ype of Issues				
	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments. Schedules D & DA (Group 1)	i real of Less	Through 5 Years	Through to Years	Through 20 Years	Over 20 Years	Total Current Year	OI LINE 10.7	Piloi feai	Prior rear	rraueu	Placeu
1.1 Issuer Obligations	13.000.000			1		13,000,000	30.6	13.000.000	100.0	13.000.000	
Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	13.000.000	0	0	0	0	13.000.000	30.6	13.000.000	100.0	13,000,000	0
2. All Other Governments, Schedules D & DA (Group 2)	10,000,000		· ·		0	10,000,000	00.0	10,000,000	100.0	10,000,000	
2.1 Issuer Obligations						0	0.0	0	0.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined						0	0.0	Ω	0.0		
2.4 Other						0	0.0	Ω	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
2.5 Defined						0	0.0	0	0.0		
2.6 Other						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)			1						2.2		
3.1 Issuer Obligations						0	0.0	Ω	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities				-		0	0.0	D	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined						0	0.0	0	0.0		
3.4 Other				†		U	0.0		0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-			†	†			0.0		0.0		
BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	Λ	Λ	0	Λ	Λ	0	0.0	0	0.0	0	Λ
4. Political Subdivisions of States. Territories and Possessions. Guaranteed. Sched	ulos D & DA (Group 4)	0	U	U	0	U	0.0	0	0.0	0	0
4.1 Issuer Obligations	ales D & DA (Cloup 4)					0	0.0	0	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	Ω0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
4.5 Defined						<u>0</u>	0.0	Ω	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Sched	ules D & DA (Group 5)			1		0	0.0	_	0.0		
5.1 Issuer Obligations			ł	 		j	0.0	ļū	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities			ł	ł		J	0.0	J	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 5.3 Defined						0	0.0	n	0.0		
5.4 Other			†			n	0.0	n	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-			İ								
BACKED SECURITIES											
5.5 Defined						0	0.0	0	0.0		
5.6 Other						0	0.0	0	0.0		
5.7 Totals	n	Λ	n	Λ	Λ	n	0.0	n	0.0	n	Λ
··· Iolaio	0	U		U	U		0.0	U	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

				December 31, at Book				sues			
	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)										
7.1 Issuer Obligations	29,460,410					29,460,410	69.4	0	0.0	29,460,410	
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	29,460,410	0	0	0	0	29,460,410	69.4	0	0.0	29,460,410	(
8. Credit Tenant Loans, Schedules D & DA (Group 8	3)										
8.1 Issuer Obligations						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)										
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distril	bution of All Bond	s Owned Decemb	er 31, at Book/Ad	justed Carrying Va	alues by Major Typ	oe and Subtype o	fÍssues				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total	Col. 6 as a %	Total From Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	42,460,410	0	0	0	0	42,460,410	100.0	XXX	XXX	42,460,410	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	ХХХ	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	. 0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	42,460,410	0	0	0	0	42,460,410	100.0	XXX	XXX	42,460,410	0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	13,000,000	0	0	0	0	XXX	XXX	13,000,000	100.0	13,000,000	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	13,000,000	0	0	0	0	XXX	XXX	13,000,000	100.0	13,000,000	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	42,460,410					42,460,410	100.0	13,000,000	100.0	42,460,410	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities			ļ	ļ		0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						_					*****
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0		0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						0	0.0		0.0	0	VVV
12.5 Defined						D	0.0	0	0.0	0	XXX XXX
12.6 Other	10, 100, 110				^	10, 100, 110		· ·	0.0	10, 100, 110	
12.7 Totals	42,460,410	0 0.0		0	0.0	42,460,410	100.0	13,000,000	100.0	42,460,410	XXX XXX
12.8 Line 12.7 as a % of Col. 6	100 . 0 100 . 0			0.0	0.0	100.0 100.0	XXX XXX	XXXXXX	XXXXXX	100 .0 100 .0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	۸۸۸
13. Total Privately Placed Bonds						0	0.0		0.0	VVV	0
13.1 Issuer Obligations			+				0.0	U	0.0	XXX XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities			 			U	0.0	U		λλλ	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 13.3 Defined						0	0.0	0	0.0	XXX	0
13.4 Other			†				0.0	l	0.0	XXX	J
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES			t	t		U		J		ΛΛΛ	
13.5 Defined						٥	0.0	0	0.0	XXX	n
13.6 Other						 n	0.0	D	0.0	XXX	 n
13.7 Totals	0	0	0	0	Λ	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0			0.0	0.0	XXX	XXX	XXX	XXX	0.0
10.0 LINE 10.1 as a 70 ULLINE 10.1, CUI. U, OCUIUN TU	0.0	0.0	0.0	0.0	0.0	0.0	\/\/\	^///	\/\/\	$\Lambda\Lambda\Lambda$	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

	Short-Term Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year		13,000,000	0	0	C
Cost of short-term investments acquired	29,460,410	29,460,410			
Increase (decrease) by adjustment	0				
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
Consideration received on disposal of short-term investments	0				
7. Book/adjusted carrying value, current year	42,460,410	42,460,410	0	0	
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	42,460,410	42,460,410	0	0	(
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	42,460,410	42,460,410	0	0	(
12. Income collected during year	562,452	562,452			
13. Income earned during year	796,386	796,386			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to iden	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	364,684,814		364,684,814
2.	Accident and health premiums due and unpaid (Line 13)	19,289,034		19,289,034
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance.	xxx	0	0
5.	All other admitted assets (Balance)	10,002,200		10,002,200
6.	Total assets (Line 26)	393,976,048	0	393,976,048
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	97,911,257	0	97 ,911 ,257
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,152,020		2,152,020
9.	Premiums received in advance (Line 8)	17 ,777 ,822		17 ,777 ,822
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	33,782,696		33,782,696
12.	Total liabilities (Line 22)	151,623,795	0	151,623,795
13.	Total capital and surplus (Line 31)	242,352,253	XXX	242,352,253
14.	Total liabilities, capital and surplus (Line 32)	393,976,048	0	393,976,048
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payables/offsets	0		
25.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

Allocated by States and Territories Direct Business Only									
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6		
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL								
2. Alaska									
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN		<u> </u>	[[[
16. lowa	IA								
17. Kansas	KS								
18. Kentucky									
19. Louisiana					1				
19. Louisiana 20. Maine	LA ME								
20. Marrie 21. Maryland			_						
•									
22. Massachusetts	JVIA								
•	MI								
24. Minnesota									
25. Mississippi									
26. Missouri									
27. Montana									
28. Nebraska									
29. Nevada									
30. New Hampshire									
31. New Jersey	NJ								
32. New Mexico	MM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR			<u> </u>			l		
39. Pennsylvania									
40. Rhode Island									
41. South Carolina									
42. South Dakota	SD								
	TN								
43. Tennessee 44. Texas	TX		-				l		
45. Utah			-		l		}		
46. Vermont	VT								
47. Virginia									
48. Washington					·		}		
49. West Virginia									
50. Wisconsin									
51. Wyoming							ļ		
52. American Samoa									
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands									
57. Canada									
58. Aggregate Other Alien									
			0	0	0	0	I		

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						1
					Purchases, Sales or	(Disbursements)						1
					Exchanges of	` Incurred in '						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Any Other Material Activity Not in the		(Payable) on Losses
NAIC					Estate Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve
Company	Federal ID		Shareholder	Capital	Estate, Mortgage Loans or Other	Benefit of any	Agreements and	Reinsurance		Ordinary Course of the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	38-2513504	Preferred Health Plan. Alliance Health and Life Insurance Compa. Health Alliance Plan of Michigan. Henry Ford Health System. CuraNet LLC.	2111401140	0011111111111111		7a.co(o)	(98 2/1)	7 tg. 000		240000	(98 2/1)	· anon (Liability)
60134	38-2513504 38-3291563 38-2242827	Alliance Health and Life Insurance Compa	• • • • • • • • • • • • • • • • • • • •				(98,241) (10,682,565) (10,289,225				(98,241) (10,682,565) (19,710,775)	l
95844	38-22/1303	Health Alliance Plan of Michigan	(30,000,000)		•		10,002,000)				(10,710,775)	l
33044	38 - 1357020	Honry Ford Hoolth Cyctom	(30,000,000) 30,000,000				687,996		· · · · · · · · · · · · · · · · · · ·	•	30,687,996	l
	38-3497140	Curollot IIC			•	• • • • • • • • • • • • • • • • • • • •	(196,415)			•	(196,415)	
	30-349/ 140	CUI ANCT LLO.			•		(190,413)			• • • • • • • • • • • • • • • • • • • •	(190,413)	·····
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses					
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES					
2.	Will an actuarial opinion be filed by March 1?	YES					
3.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES					
4.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES					
	APRIL FILING						
5.	Will Management's Discussion and Analysis be filed by April 1?	YES					
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES					
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES					
2. Will an actuarial opinion be filed by March 1? 3. Will the Risk-based Capital Report be filed with the NAIC by March 1? 4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1? APRIL FILING 5. Will Management's Discussion and Analysis be filed by April 1? 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? YES. YES. YES. YES. YES.							
8.	Will an audited financial report be filed by June 1?	YES.					

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

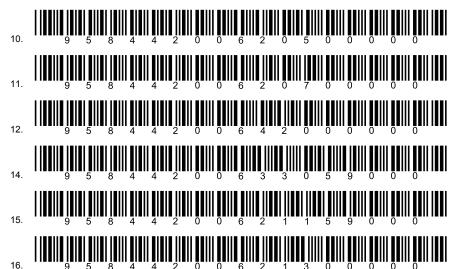
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
13.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	NO
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO

16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

EXPLANATION:

- 10. The Company does not write Life business
- 11. The Company is not licensed as a Property/Casualty insurer
- 12. The Company is not a stock company
- 13. The Company provides Medicare Part D through a Medicare Advantage plan
- 14. The Company does not write LTC business
- 15. The Company does not write Life business
- 16. The Company is not licensed as a Property/Casualty insurer

BAR CODE:



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.

*Δ	22	FI	rs.	_	Ass	ete	

ASSETS - ASSETS				
		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 – 2)	Assets
2304. Goodwill	9,986,471	9,986,471	0	0
2305. Prepaid Expense	1,758,719	1,758,719	0	0
2306. Other Assets	57 ,843		57 , 843	77 ,843
2397. Summary of remaining write-ins for Line 23 from Page 2	11,803,033	11,745,189	57,843	77,843



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2006 OF THE **Health Alliance Plan of Michigan**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2006 (To Be Filed by March 1) **FOR THE STATE OF Michigan**

NAIC Group Code 1311	NAIC Company Code	95844
Address (City, State and Zip Code) Detroit, Michigan 48202		
Person Completing This Exhibit Dianna Ronan		
Title Vice President Financial Services	Telephone Number	248-443-1093

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in 2004, 2005, 2006		
										11 Incurred Claims		14	15		Claims	18	
											12	13			16	17	
		Standardized															
0	D.F. F.	Medicare		Plan	D.1.	Date	Date	D.11	Butter Mandager Toods	D		Percent of	Number of	D		Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLIOBRA	Number	Dellelli Flali	Select	ISUCS	Approved	Williamii	Amended	Cioseu	Name	Earrieu	Amount	Earrieu	Lives	Earrieu	Amount	Earrieu	Lives
Yes	All Forms	J	No	. 0004500	12/15/2005				Medicare Comprehensive	34,830,669	31,440,102	90.3	15,072	10,738,205	9,413,435	87.7	2,399
0199999 To	otal Experience on	Individual Poli	cies							34,830,669	31,440,102	90.3	15,072	10,738,205	9,413,435	87 . 7	2,399
V			N	0004500	40 (45 (0005					450 040 444	440 000 440	89.4	000 404	005 007 500	050 000 404		05.000
Yes	All Forms	. J	No	. 0004500	12/15/2005	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		Medicare Comprehensive	459,816,111	410,938,116	89.4	203,484	295 , 887 , 526	259,308,121	87 .0	65,008
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0299999 To	otal Experience on	Group Policies	S							459,816,111	410,938,116	89.4	203,484	295,887,526	259,308,121	87.6	65,008

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give complete and full details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 2850 West Grand Boulevard Detroit, MI 48202
 - 2.2 Contact Person and Phone Number: Donald Kiefiuk 248-443-2038
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 2850 West Grand Boulevard Detroit, MI 48202 ...
 - 3.2 Contact Person and Phone Number: Tamara VonKnorring 248-443-1154
- 4. Explain any policies identified above as policy type "O".

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
·	_	-	·		
				Cradit	
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
A. LIFE INSURANCE:	Total	maddia	Ordinary	(Croup and marriadal)	Стопр
0199997. Totals (Gross)	0	0	0	0	0
0199998. Reinsurance ceded	0				
0199999. Totals (Net)	0	0	0	0	0
B. ANNUITIES (excluding supplementary contracts					
with life contingencies): 0299997. Totals (Gross)	0	VVV	0	VVV	0
0299998. Reinsurance ceded	0	XXX	U	XXX	U
0299999. Totals (Net)	0	XXX	0	XXX	0
C. SUPPLEMENTARY CONTRACTS WITH LIFE	v	7,001	, and the second	7001	
CONTINGENCIES:					
0399997. Totals (Gross)	0	0	0	0	0
0399998. Reinsurance ceded	0				
0399999. Totals (Net)	0	0	0	0	0
D. ACCIDENTAL DEATH BENEFITS:	^	0	0	^	0
0499997. Totals (Gross) 0499998. Reinsurance ceded	0	U	0	0	U
0499999. Totals (Net)	0	0	0	0	n
E. DISABILITY-ACTIVE LIVES:	0	0	Ů	Ů	0
0599997. Totals (Gross)	0	0	0	0	0
0599998. Reinsurance ceded	0				
0599999. Totals (Net)	0	0	0	0	0
F. DISABILITY-DISABLED LIVES:					
0699997. Totals (Gross)	0	0	0	0	0
0699998. Reinsurance ceded	0	^	0	0	0
0699999. Totals (Net) G. MISCELLANEOUS RESERVES	0	0	0	0	0
G. MISCELLANEOUS RESERVES					
0799997. Totals (Gross)	^	^	^	^	Λ
0799997. Totals (Gross) 0799998. Reinsurance ceded	0	0	0	0	U
0799999. Totals (Net)	0	0	0	0	0
9999999. Totals (Net) - (Page 3, Line 1)	0	0	0	0	0

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

		1	2 Guaranteed Interest	3	4 Supplemental	5 Dividend Accumulations or	6 Premium and Other Deposit
		Total	Contracts	Annuities Certain	Contracts	Refunds	Funds
1.	Balance at the beginning of the year before reinsurance	0					
2.	Deposits received during the year	0					
3.	Investment earnings credited to the account	0					
4.	Other net change in reserves	0					
5.	Fees and other charges assessed	0					
6.	Surrender charges	0					
7.	Net surrender or withdrawal payments	0					
8.	Other net transfers to or (from) Separate Accounts	0					
9.	Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)	0	0	0	0	0	0
10.	Reinsurance balance at the beginning of the year.	0					
11.	Net change in reinsurance assumed	0					
12.	Net change in reinsurance ceded	0					
13.	Reinsurance balance at the end of the year (Lines 10+11-12)	0	0	0	0	0	0
14.	Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

0799999 Totals

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 1 - SECTION 1

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
		Z.iiootiiro Bato	1141110 01 1101104104	2000.011	7100011100	G(2.10 G) 1 GG.	11000110		u 0pu.u 200000	11000110	911401 0011104141100
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SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

			Reinsurance Ceded Life Insurance, Annuities, D				s, and Related De	Ellellis Listed by K	emsuring compar	ly as of Decelliber	31, Current real	1	
1	2	3	4	5	_ 6	7	Reserve C	redit Taken	10	Outstanding S	Surplus Relief	13	14
NAIC Company	Federal ID	Effective			Type of Re-insurance	Amount in Force	8	9		11	12	Modified Coinsurance	Funds Withheld Under
Code	Number	Date	Name of Company	Location	Ceded	at End of Year	Current Year	Previous Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
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